



KENTUCKY BOARD OF LICENSURE FOR NURSING HOME ADMINISTRATORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 Extension 227~ <http://finance.ky.gov/bnha>

APPLICATION FOR LICENSURE INFORMATION SHEET / CHECKLIST

TEMPORARY PERMIT CHECKLIST

- ☐ \$50 Temporary Application Fee
- ☐ Application
- ☐ Letter from Facility stating the need for an emergency administrator
- ☐ Official Transcript

INITIAL LICENSURE CHECKLIST

- ☐ \$200 Application/Licensure Fee
- ☐ Application for Licensure
- ☐ Current Job Description
- ☐ Official Transcript
- ☐ Work Experience Verification Form
- ☐ Letter of Reference (2 professional and 2 personal)
- ☐ Upon taking and passing exam submit NAB Score Report to board for review

ENDORSEMENT CHECKLIST

- ☐ \$250 Endorsement Application/Licensure Fee
- ☐ Application
- ☐ Current Job Description
- ☐ Endorsement Form from each state in which you have or have held a license
- ☐ Official Transcript
- ☐ Work Experience Verification Form
- ☐ Letters of Reference (2 professional and 2 personal)

2009 BOARD MEETING DATES (subject to change)

February 10
June 3
August 5
November 4

TESTING PROCEDURES

Once the board has approved an application, the applicant will receive detailed information regarding Computer Based Testing for the National Association of Boards of Licensure for Long Term Care Administrators exam. With the computer based testing there are no set test dates; the approved applicant determines the test date.

NOTICE TO ALL APPLICANTS:

The Board will **NOT** consider an application until **ALL** requirements for licensure are received and the file is complete. Please refer to the information sheet/checklist which is included with this application packet.

Information regarding your file will be given only to the applicant. Additionally, the Board office does not give information regarding the finding from a board meeting over the phone. Letters regarding the approval or denial of an application will be sent from our office approximately ten (10) business days following the meeting. Applications must be received at least ten (10) days prior to the Board meeting.

APPLICATION INSTRUCTIONS

1. Complete the application carefully. Forms received incomplete or illegible will be returned.
2. Please send the appropriate application fee along with your application. Application fees are non-refundable. All checks or money orders should be made payable to the Kentucky State Treasurer. **DO NOT SEND CASH.**
3. The completed application may be submitted to the Kentucky Board of Licensure for Nursing Home Administrators either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

LICENSURE APPLICATION FOR NURSING HOME ADMINISTRATOR

PO BOX 1360
FRANKFORT, KY 40602
<http://finance.ky.gov/bnha>

NOTE: Please send the appropriate application fee as stated below, payable to the Kentucky State Treasurer, with this application in order to process. DO NOT SEND CASH

- ☐ \$ 50 - Emergency Temporary Permit for Nursing Home Administrator
☐ \$200 - Licensed Nursing Home Administrator
☐ \$250 - Application for Endorsement - If you are currently licensed in another state

1. _____ 2. ____/____/____
Name: Last First Middle Date of Birth

3. ____-____-____
Maiden or any other name used Social Security Number

4. _____
Home Mailing Address: City State Zip Code Home Phone
Street

5.					
	Business Name:	Street:	City:	State	Zip Code
	Business Phone				

6. _____
Email Address Note: This field is not optional

7. Are you a U.S. Citizen? ☐ Yes ☐ No

8. List other states in which you have held or currently hold a Nursing Home Administrators license.

9. Have you made application for a Nursing Home Administrator's license in Kentucky or any other state?
☐ Yes ☐ No
If yes, give explanation:
If yes, has that license in Kentucky or any other state even been suspended, revoked, or disciplined? ☐ Yes ☐ No
If yes, give explanation: You must send documentation of actions taken against your license for board review.

10. Do you hold a health professions license in Kentucky or any other state? ☐ Yes ☐ No List States:
If yes, has that license in Kentucky or any other state even been suspended, revoked, or disciplined? ☐ Yes ☐ No
If yes, give explanation: You must send documentation of actions taken against your license for board review.

11. Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
If yes, you must provide date, nature of offense, and official report stating result of offense.
(Do not list traffic offenses that do not involve alcohol or drugs)

Applicants Affidavit

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Nursing Home Administrators.

Date:

Applicant's Signature:

EDUCATION

Dates Attended Date of Graduation

SCHOOL	NAME AND LOCATION	From	To	Month	Year	Number of Hours or Credits	Degrees Obtained
Under-Graduate School							
Graduate School							

NOTE: All degrees applicable must be documented by a CERTIFIED TRUE COPY of the official transcript with the DEGREE CONFERRED and mailed from the university directly to this office. Issued to student copy not acceptable.

PLEASE NOTE: THE FOLLOWING SUPPLEMENTS MUST BE RECEIVED BEFORE YOUR APPLICATION WILL BE REVIEWED BY THE BOARD. NO ACTION WILL BE TAKEN UNTIL ALL REQUIREMENTS HAVE BEEN MET.

- Endorsement Form (if applicable).
- Current Job Description
- Work Verification Form
- 4 Letters of reference - 2 Character references from business or professional persons and
2 Professional references from current or past employers.

(These are requested by you and must be mailed directly to this office from the individual)

All applicants should become familiar with the state laws and regulations governing licensure. These may be found on our website at <http://finance.ky.gov/bnha> or may be requested by calling 502.564.3296 X 227.

EMPLOYMENT HISORY

Begin with your present or most recent job and list fully and accurately the details of each job you have held during the past three years. List all other administrative positions held in a health care field. The board requests an additional job description or resume along with your application.

Employed from:	Mo.	Yr.	To:	Mo.	Yr.	Describe your duties:
Title or Position:						
Name of Employer:						
Address of Employer:						

Employed from:	Mo.	Yr.	To:	Mo.	Yr.	Describe your duties:
Title or Position:						
Name of Employer:						
Address of Employer:						

Employed from:	Mo.	Yr.	To:	Mo.	Yr.	Describe your duties:
Title or Position:						
Name of Employer:						
Address of Employer:						

DO NOT WRITE BELOW THIS LINE – FOR BOARD AND OFFICE USE ONLY

- ☐ Approved
☐ Denied
☐ Deferred

Board Review Date: _____ Comments: _____

Signature: _____ Signature: _____

LICENSURE APPLICATION FOR NURSING HOME ADMINISTRATOR WORK VERIFICATION FORM

PO BOX 1360
FRANKFORT, KY 40602
<http://finance.ky.gov/bnha>

Please have your **current** supervisor complete this form and submit it with your application for licensure. If your current supervisor cannot verify your management experiences please have the supervisor of the health care system where your experience in the four areas required was obtained complete the form.

Name of Applicant

Name of Employer

Facility Type	Hospital	Nursing Home	Personal Care Home	Other
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Dates of Employment	From:	/	/	to	/	/
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201 KAR 6:020. Section 1 (3) States that a person must have six (6) months of continuous management experience in a "health care facility" within three (3) years from the date of application. The management experience shall include evidence of responsibility for: personnel management, budget preparation, fiscal management, and public relations.

Detail below the work experience relative to the **APPLICANT** named above:

1. Personnel Management : (include number of individuals supervised)	Description of Experience:
2. Budget Preparation:	Description of Experience:
3. Fiscal Management:	Description of Experience:
4. Public Relations:	Description of Experience:

Name of person completing form:	
Title:	
Address:	
Contact Phone:	
E-mail:	
Date:	
Signature:	

**LICENSURE APPLICATION FOR NURSING HOME ADMINISTRATOR
ENDORSEMENT FORM**

PO BOX 1360
FRANKFORT, KY 40602
<http://finance.ky.gov/bnha>

Applicant Instructions: Complete the top section and forward a copy to each state in which you hold or have held a Nursing Home Administrator's license. Please make copies as necessary.

Social Security Number: - - License Number:

Licensee Name:

Licensee Address: City: State: Zip Code:

Licensee Signature: _____

To Be Completed by Licensure Agency

1. Was your state the original licensure state of the applicant above? Yes _____ No _____
If No, in which state did the application receive original license? _____
2. Did the applicant take a written examination for licensure? Yes _____ No _____
If yes, what examination was administered? _____
Examination Series Number: _____ Total Raw Score: _____
3. Is the applicant's license current and in good standing? Yes _____ No _____
4. Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes _____ No _____
5. According to your records, has the applicant ever been disciplined by your Board or other agency in your state? Yes _____ No _____ if yes, please explain on a separate sheet.

State Seal

Authorizing Signature

Title

State

Date